

2651

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 75	
County <u>Gila</u>	District <u>Globe</u>	County Registered No. <u>329</u>	
City <u>Globe</u>	State <u>Arizona</u>	Local Registrar's No. _____	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>County Hospital</u> St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>William Allen</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	DATE OF DEATH <u>Sept 10th</u> 191 <u>9</u> (Month) (Day) (Year)	
SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>		I hereby certify, that I attended deceased from <u>Sept 1</u> 191 <u>9</u> to <u>Sept 10</u> 191 <u>9</u> ; that I last saw him alive on <u>Sept 10</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>7 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Chronic meningitis</u>	
DATE OF BIRTH <u>Nov 6th</u> 19 <u>00</u> (Month) (Day) (Year)		(Duration) _____ yrs. _____ mos. _____ days	
AGE <u>19</u> yrs. _____ mos. _____ days _____ hrs. _____ min. If less than 1 day		Was disease contracted in Arizona? <u>yes</u>	
OCCUPATION <u>Farmer</u>		If not, where? _____	
BIRTHPLACE (State or country) <u>Arizona</u>		CONTRIBUTORY <u>Chronic meningitis</u>	
NAME OF FATHER <u>J. W. Allen</u>		(Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE OF FATHER (State or Country) <u>Utah</u>		Was disease contracted in Arizona? <u>yes</u>	
MAIDEN NAME OF MOTHER <u>Louise Alder</u>		If not, where? _____	
BIRTHPLACE OF MOTHER (State or Country) <u>Utah</u>		CONTRIBUTORY <u>Chronic meningitis</u>	
The Above Is True to the Best of My Knowledge (Informant) <u>J. W. Allen</u> (Address) <u>Pima, Arizona</u>		(Signed) <u>B. E. Waples</u> <u>Sept 11</u> 191 <u>9</u> (Address) <u>Globe, Arizona</u>	
PLACE OF BURIAL OR REMOVAL <u>Pima, Arizona</u>		*In death from Violent Causes state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.	
DATE OF BURIAL OR REMOVAL <u>Sept 12</u> 191 <u>9</u>		LENGTH OF RESIDENCE	
UNDERTAKER <u>J. L. Jones & Son</u>		At place of death _____ yrs. _____ mos. _____ ds. In Arizona <u>Life</u>	
ADDRESS <u>Globe, Arizona</u>		Former or Usual Residence <u>Pima, Arizona</u>	
		Filed <u>Sept 11</u> 191 <u>9</u> <u>B. E. Waples</u>	
		Filed <u>Oct 3</u> 191 <u>9</u> <u>B. E. Waples</u>	
		Local Registrar _____	
		County Registrar _____	